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16558  
020304  
U.S.PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  **Fee Transmittal Form (e.g., PTO/SB/17)**  
*(Submit an original and a duplicate for fee processing)*

2.  Applicant claims small entity status.  
 See 37 CFR 1.27.

3.  **Specification** [Total Pages 20]  
*(preferred arrangement set forth below)*  
 - Descriptive title of the invention  
 - Cross Reference to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table, or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (*if filed*)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure

4.  **Drawing(s) (35 U.S.C. 113)** [Total Sheets 3]

5. Oath and Declaration [Total Pages 1]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*  
 i.  **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  **Application Data Sheet.** See 37 CFR 1.76

Attorney Docket No. 2223-04401

First Inventor Frederick B. GROWCOCK and Gerard A. SIMON

Title **Stabilized Colloidal and Colloidal-like Systems**

Express Mail Label No. EV 303485346 US

ADDRESS TO: Mail Stop Patent Application  
 Commissioner for Patents  
 P. O. Box 1450  
 Arlington VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*  
 a.  Computer Readable Form (CRF)  
 b. Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  paper  
 c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))  
 10.  37 CFR 3.73(b) Statement  Power of  
*(when there is an assignee)* Attorney  
 11.  English Translation Document (*if applicable*)  
 12.  Information Disclosure  Copies of IDS  
 Statement (IDS)/PTO-1449 Citations  
 13.  Preliminary Amendment  
 14.  **Return Receipt Postcard (MPEP 503)**  
*(Should be specifically itemized)*  
 15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*  
 16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  
 17.  Other:

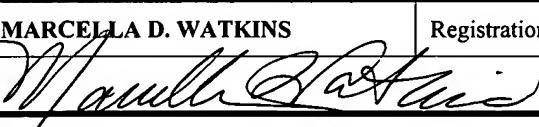
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-Part (CIP) of prior application No.:  
*Prior application information:* Examiner Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

**Customer Number of Bar Code Label** 23505 or  Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	MARCELLA D. WATKINS		Registration No. (Attorney/Agent) 36,962
Signature			Date FEBRUARY 3, 2004

119001.01/2223-04401

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2

# FEE TRANSMITTAL

## For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$ 1,130.00**

### METHOD OF PAYMENT (Check all that apply)

Check  Credit Card  Money  Other  None Order

Deposit Account:

Deposit Account Number: **03-2769**

Deposit Account Name: **Conley Rose, P.C.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity				
Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)				
1001 770	2001 385	Utility filing fee		\$ 770.00	
1002 340	2002 170	Design filing fee		\$	
1003 530	2003 265	Plant filing fee		\$	
1004 770	2004 385	Reissue filing fee		\$	
1005 160	2005 80	Provisional filing fee		\$	
<b>SUBTOTAL (1)</b>				<b>\$ 770.00</b>	

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

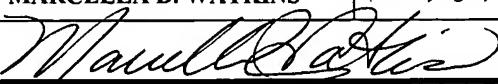
		Extra Claims	Fee from below	Fee Paid
Total Claims	40	20	= 20 x	18.00 = \$ 360.00
Independent	3	3**	= 0 x	86.00 = \$ 0.00
Claims				
Multiple Dependent				290.00 = \$ 0.00

Large Entity	Small Entity				
Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)				
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent Claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>				<b>\$ 360.00</b>	

\*\* or number previously paid, if greater; For Reissues, see above

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	<b>MARCELLA D. WATKINS</b>	Registration No. (Attorney/Agent)	<b>36,962</b>	Telephone	<b>(713) 238-8000</b>
Signature				Date	<b>FEBRUARY 3, 2004</b>

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

119002.01/2223-04401

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